

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 191

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN COLLINS

Mailing Address 12012 TIMBERLAKE DR

City State Zip Code
 CINCINNATI OH 45249

FEC ID number of contributing
federal political committee.

C

Name of Employer
ANES ASSOC CINCINNATI

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.55463

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. LYDIA CONLAY

Mailing Address 32 W OAK DR

City State Zip Code
 HOUSTON TX 77056

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAYLOR

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.56027

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. CARL CONRAD

Mailing Address 7117 WILLOW LN AVE NW

City State Zip Code
 MASSILLON OH 44646

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMP CARE ANESTH

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 9 / 2 0 0 7

Transaction ID: SA11A1.55456

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)